

Case Number:	CM13-0062346		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2011
Decision Date:	06/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51year old woman with a history of a work-related injury dated 6/4/11 resulting in chronic ankle and back pain. Previous treatment for the ankle pain includes surgery in 11/12, oral analgesic medications, chiropractic treatment, physical therapy, acupuncture, a wellness exercise program and aquatic therapy. Previous imaging shows an MRI of the LS spine and the right ankle. MRI of right ankle 4/4/13 showed (1) peroneal longus and breves tenosynovitis, (2) partial split tear of the peroneal brevis tendon, (3) acute vs acute on chronic anterior talofibular ligament sprain/tear. MRI of the lumbo-sacral spine dated 7/15/11 showed (1) multilevel discogenic disease most pronounced at L4-L5 where it is moderate to severe. (2) mild central stenosis at L3-L4 and minimal at L4-L5. (3) multilevel foraminal narrowing. During an office visit dated 11/7/13 with the primary treating orthopedic physician it was documented that the patient had increasing low bac pain with radiation to legs with numbness and tingling. The exam indicated that the patient walked with a limp. There was soft tissue swelling and erythema to the lateral aspect of the right ankle with tenderness to palpitation. The exam of the lumbar spine showed tenderness of the lumbar spine paravertebral musculature with decreased range of motion. There is no documentation to support and neurological defecits. There is no documentation to indicate the patient has had any conservative treatment for the low back pain. The primary treating orthopedic provider requested an MRI of the LS spine. The MRI was denied during a utilization review dated 11/21/13 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI WITHOUT CONTRAST OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG TWC Low Back, Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the ACOEM criteria for ordering an MRI for lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the lumbar spine is not medically necessary.